

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000084611

**Entity Name:** ANODIZE, INC

**Current Principal Place of Business:**

5817 NW 44TH AVENUE  
OCALA, FL 34482

**Current Mailing Address:**

5817 NW 44TH AVENUE  
OCALA, FL 34482

**FEI Number:** 51-0419250

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RODGERS, KAREN  
5817 NW 44TH AVENUE  
OCALA, FL 34482 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRES  
Name            WHALEN, LUKE  
Address        5817 NW 44TH AVENUE  
City-State-Zip: Ocala FL 34482

Title            SEC  
Name            STOPANIO, ANGELA  
Address        5817 NW 44TH AVE  
City-State-Zip: Ocala FL 34482

Title            COMPTROLLER  
Name            RODGERS, KAREN  
Address        14879 SW 39TH CIR  
City-State-Zip: Ocala FL 34473

Title            VP  
Name            LAMPEN, RICHARD  
Address        8100 SW 34TH PL  
City-State-Zip: Ocala FL 34481

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAREN RODGERS

**COMPTROLLER**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date